

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/35,690

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		1				
5		1				
6	1					
7		1				
8		1				
9	1					
10		1				
11		1				
12		1				
13		4				
14	1					
15		1				
16		1				
17		1				
18		4				
19	1					
20	1					
21	1					
22	1					
23		1				
24		1				
25		1				
26	1					
27	1					
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36	1					
37	1					
38		2				
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45	1					
46	1					
47		2				
48		2				
49		2				
50	1					
TOTAL IND.	16					
TOTAL DEP.						
TOTAL CLAIMS						

	•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
59	2					
60	2					
61	2					
62	2					
63	2					
64	2					
65	2					
66	2					
67	2					
68	1					
69	1					
70		2				
71		2				
72	1					
73	1					
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	29					
TOTAL DEP.						
TOTAL CLAIMS						